



SPRING LAKE PARK ATHLETIC DEPARTMENT
EXTENDED TEAM TRAVEL INFORMATION

I give my son/daughter permission to travel with the **Spring Lake Park/St Anthony High School Nordic team to Giant's Ridge for an invitational on Jan 6,7, 2023. See trip itinerary.**

I have received and reviewed the information concerning the nature of the trip, the rules of conduct on the trip and the itinerary of travel.

Name of Team Member: _____

Home Address: _____

Date of Birth: _____ Age: _____ Grade: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (home): _____ Phone (home): _____

Phone (work): _____ Phone (work): _____

Person to contact in case parent/guardian cannot be reached:

Name: _____ Phone (h): _____ (w) _____

Health Insurance: _____ Policy ID #: _____

Health Care Clinic: _____ Phone: _____

Doctors Name: _____ Phone: _____

Dental Care Clinic: _____ Phone: _____

Dentists Name: _____ Phone: _____

Indicate any pertinent previous medical history (illness/injuries and/or restrictions):

Medications: _____

Allergies: _____

My son/daughter may receive emergency medical assistance as deemed necessary by the coaching staff, athletic trainer and/or medical personnel. Such assistance may include transportation to the nearest medical facility.

Parent/Guardian Signature: _____ Date: _____

The information contained on this form will remain confidential between the coaching staff and the athletic director.